

**State of Minnesota**

County

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

Dissolution with Children

In the Matter of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner's Name and Address

Vs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Name and Address

**Notice to  
County Support and Collections**

Minn. Stat. §518.551, subd. 5

To: \_\_\_\_\_ PRISM No. (if known) \_\_\_\_\_  
(Write your Support and Collections worker's name)

1. You are hereby notified that the Petitioner has commenced the above-entitled action against the Respondent and that this Notice is given as required by Minnesota Statute § 518.551.

☐ Petitioner ☐ Respondent is a recipient of or is applying for (*check all that apply*):

☐ MFIP ☐ Medical Assistance ☐ IV-E Foster Care ☐ Tribal TANF  
☐ Child Care Assistance ☐ MinnesotaCare

2. Petitioner's birth date is: \_\_\_\_\_.

3. Respondent's birth date is: \_\_\_\_\_.

4. Petitioner's and Respondent's social security numbers are on the attached document: "Form 11: Confidential Information." (Note: Attach Form 11 only to copy delivered to Support and Collections. Do not attach Form 11 to copy filed in the Court file.)

\_\_\_\_\_  
Signature of Petitioner

( )

\_\_\_\_\_  
Telephone Number

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

Dissolution with Children

**In the Matter of:**\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent**Affidavit of Mailing or Delivery of  
Notice to County Support and Collections**STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit signed)

I, \_\_\_\_\_, being sworn, state that on  
(month, day, year) \_\_\_\_\_, \_\_\_\_\_, I (check one) ☐ hand-  
delivered OR ☐ mailed the Notice of my court action to Support and Collections by  
(check one) ☐ delivering a copy to the receptionist of the Support and Collections office  
located at: \_\_\_\_\_ OR  
☐ by placing in an envelope a true and correct copy addressed to \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ in the City of \_\_\_\_\_  
\_\_\_\_\_ State of \_\_\_\_\_ Zip Code \_\_\_\_\_ and depositing  
the envelope, with sufficient postage, in the United States Mail at the Post Office located  
in the City of \_\_\_\_\_ in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Who Mailed or delivered Documents(Sign only in presence of Notary Public)**Note: Petitioner may mail or deliver the Notice to Support  
and Collections him/herself**Date: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_

City &amp; State: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
(of person who mailed documents)Sworn/affirmed to before me this  
\_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.\_\_\_\_\_  
Notary Public/Deputy Court Administrator